

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566946

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

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SERIAL NO.

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APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | 1 | | | | |
| 102 | | 1 | | | | |
| 103 | | 1 | | | | |
| 104 | | 1 | | | | |
| 105 | 1 | | | | | |
| 106 | | 1 | | | | |
| 107 | | 1 | | | | |
| 108 | | 1 | | | | |
| 109 | | 1 | | | | |
| 110 | | 1 | | | | |
| 111 | | 1 | | | | |
| 112 | | 1 | | | | |
| 113 | | 1 | | | | |
| 114 | | 1 | | | | |
| 115 | | 1 | | | | |
| 116 | | 1 | | | | |
| 117 | | 1 | | | | |
| 118 | | 1 | | | | |
| 119 | 1 | | | | | |
| 120 | 1 | | | 1 | | |
| 121 | | 1 | | | | |
| 122 | | 1 | | | | |
| 123 | 1 | | | | | |
| 124 | | 1 | | | | |
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| 126 | 1 | | | | | |
| 127 | | 1 | | | | |
| 128 | | 1 | | | | |
| 129 | 1 | | | 1 | | |
| 130 | | 1 | | | | |
| 131 | | 1 | | | | |
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| TOTAL IND. | 84 | | 11 | | | |
| TOTAL DEP. | 107 | | 6 | | | |
| TOTAL CLAIMS | 130 | | 10 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY